

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>SW</i>	<i>32</i>	<i>1/16</i>
RESPONSE FORMALITY REVIEW	<i>TAR</i>	<i>TC3884</i>	<i>1/29/01</i>

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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